

ISSUE STAPLE AREA (for additional copies, if necessary)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | O. G.    | 54087  | 4/19/88 |
| O.I.P.E. CLASSIFIER | H. E. B. | 49     | 3/6/98  |
| FORMALITY REVIEW    |          | 64477  | 4-15-98 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
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